

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 128^a

Registered No. _____

1. PLACE OF BIRTH

County GilaState ArizonaDistrict or Township San Carlosor Village Indian VillageCity _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Irene Key (If child is not yet named, make supplemental report, as directed.)3. Sex of Child To be answered ONLY in event of plural births. } 4. Twin, triplet or other. } 5. Legitimate? } 7. Date of birth 9 8 27.
female } } yes } Month Day Year

8. FATHER

Full name Leo Norton Key9. Residence (Usual place of abode) San Carlos,If non-resident, give place and state. Ariz.

10. Color or race

4/4 Indian11. Age at last birthday 27 (Years)12. Birthplace (city or place) San Carlos,(State or country) Ariz.

13. Occupation

Nature of industry Common laborer

14. MOTHER

Full maiden name Ethel Victor15. Residence (Usual place of abode) San Carlos,If non-resident, give place and state. Ariz.

16. Color or race

4/4 Indian17. Age at last birthday 24 (Years)18. Birthplace (city or state) San Carlos,(State or country) Ariz.

19. Occupation

Nature of industry Housewife

20. Number of children of this mother.

(Taken as of time of birth of child herein certified and including this child).

(a) Born alive and now living. 2
(b) Born alive but now dead. 0
(c) Stillborn. 021. Were precautions taken against ophthalmia neonatorum? No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive at 9 P. m. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature _____

C. H. Sawyer M.D.

(Physician or midwife).

Given name added from a supplemental report _____

Address San Carlos, Ariz.

Month, day, year _____

Filed _____

19 _____

C. H. SawyerRegistrar. 928-908-559

Registrar.